ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Searly) B. Date of Dalivery  C. Signature  AUG 14 2000 ent
. Article Addressed to:	D. Is delivery address different than the 12 Xes
JASON SHUMWAY 1025 S 200 E 95-15 BLANDING UT 84511	If YES, enter delivery address blow:8450
	3. Service Type  ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Article Number (Copy from	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label) Z 230 748 229 S/37/99	& S/37/102 8/7/00 DOGM JB DX
Form 3811, July 1999 Domestic F	